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**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/658,124
Filing Date	September 9, 2003
First Named Inventor	Venkatapathi R. Nallapa
Art Unit	2818
Examiner Name	
Attorney Docket No.	130209.511

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Copy of Notice to File Missing</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Parts</u>
<input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		<u>Supplemental Application Data</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<u>Sheet</u>

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Frank Abramonte	Customer Number 00500
Signature		
Date	December 18, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

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